



Office of Congresswoman Jackie Walorski

Second District of Indiana

PRIVACY RELEASE FORM

Authorization in Accordance with the Privacy Act of 1974

To request Congresswoman Walorski's assistance with a federal agency, please completely fill out this form and return it to her Mishawaka district office (see back), along with photocopies of any documents relevant to the matter described.

Note: This form must be signed by the individual to whom the matter pertains (or a legal guardian, if a minor).

Full Name: _____

Social Security #: _____ Birth Date: _____

Street: _____

City: _____ State: _____ ZIP: _____

Email: _____ Primary Phone: _____

► Specify the federal agency involved (ex: VA, Social Security, U.S. Passports): _____

► List any agency case numbers (ex: Medicare ID #, Passport App #): _____

► Briefly summarize the problem your company having with this agency: _____

► Specify the resolution you are seeking: _____

I understand that the Privacy Act prohibits federal agencies from releasing my information to a third-party without my written consent. I hereby authorize Congresswoman Jackie Walorski and her staff, on my behalf: 1) to make inquiries with the agencies involved, 2) to receive my records from said agencies, and 3) to discuss my records with said agencies and any third-party listed on the back of this form, as needed. I certify under penalty of perjury that I have provided or authorized all information in and all documents submitted with this Privacy Act release, and that the information I have provided is complete, true, and accurate to the best of my knowledge and belief. The assistance I am requesting is in no way an attempt to evade or violate federal, state, or local law. I have reviewed and understand all of the information contained in this Privacy Act release.

► SIGNATURE (in ink): _____ Date: _____

→ Over, please

► Please list any other congressional offices you have contacted about this case: _____

► Would you like to receive Congresswoman Walorski's newsletter and other important information via email? *Yes* | *No*

Optional Third-Party Disclosure Authorization

If you would rather that our office communicate primarily with a third-party individual on your behalf, please provide his or her information below. Please limit this authorization to a spouse, a legal guardian, a legal representative (such as an attorney), or someone who holds legal power of attorney over your affairs. If this case concerns VA benefits or VA health care, then the individual you name should be your VA-appointed fiduciary or have VA-recognized power of attorney for your health care.

Name: _____ Relationship: _____

Email: _____ Primary Phone: _____

*****Return this form to our Mishawaka district office*****

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www.walorski.house.gov